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## COVER LETTER

TO:	New Filing Section Division of Corporations			,
SUBJEC	Hobe Sound Dealer, LLC			
SUBJEC		Limited Liabili	ty Company	-
The encl	osed Articles of Organization and fee(s)	) are submitted	for filing.	
Please re	eturn all correspondence concerning this	matter to the f	ollowing:	
	VALERIE BANAS, PARALEGAL			;
		Name of	Person	
	HONIGMAN MILLER SCHWAR	TZ AND COH	N LLP	. !
		Firm/Co	mpany	
		Addro	255	77.5
	DETROIT, MI 48226			
	STATENOTICES@VCORPSERVIO	City/State and CES.COM	d Zip Code	1 5
	E-mail address: (to be u	sed for future a	nnual report notification)	
or furthe	r information concerning this matter, ple	ease call:		
	VALERIE BANAS	313	465-7226	
	Name of Person	Area Code	Daytime Telephone Number	-
Enclosed	d is a check for the following amount:			;
<b>]</b> \$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certific	ed Copy Certificat al copy is enclosed) Certified	Filing Fee. The of Status & Copy Copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ļ

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Hobe Sound I	Dealer, LLC			
	contain the words "Limited	Liability Company.	"L.L.C.," or "LL.C.")	
RTICLE II - Address: he mailing address and stre	cet address of the principal o	ffice of the Limited	Liability Company is:	l
<u>Pri</u>	ncipal Office Address:		Mailing Address:	•
6400 Telegraph	Road, Suite 2000		Telegraph Road, Suite 2000	
Bloomfield Tow	nship, MI 48301	Bloc	omfield Township, MI 48301	
The Limited Liability Comnother business entity with	n an active Florida registration rect address of the registered	Registered Agent. on.) I agent are:	nt's Signature: You must designate an individu	ual or
The Limited Liability Comnother business entity with	pany cannot serve as its own an active Florida registration are address of the registered Vcorp Services, LLC	Registered Agent. on.) d agent are: Name	nt's Signature: You must designate an individu	ial or
The Limited Liability Com nother business entity with	pany cannot serve as its own an active Florida registration rect address of the registered	Registered Agent. on.) d agent are: Name	You must designate an individu	al or
The Limited Liability Comnother business entity with	pany cannot serve as its own an active Florida registration are address of the registered Vcorp Services, LLC 5011 South State Ro	Registered Agent. on.) d agent are: Name	You must designate an individu	al or
The Limited Liability Com nother business entity with	pany cannot serve as its own an active Florida registration rect address of the registered Vcorp Services, LLC 5011 South State Ro Florida street address	Registered Agent. on.)  d agent are:  Name ad 7. Suite 106 as (P.O. Box NOT a	You must designate an individu	ual or

(CONTINUED)

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<u>Title:</u> "AMBR" = Au "MGR" = Man	thorized Member ager	Name and Address:
		_
<u>-</u>	<u>-</u>	1
		<del></del>
	<del></del>	
EV: Effective ctive date is lis	date, if other than the date o	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9
E V: Effective settive date is list filing.) the date inserte	date, if other than the date of ted, the date must be spec	cific and cannot be more than five business days prior to or y eet the applicable statutory filing requirements, this date will n
ective date is list of filing.) the date inserte ment's effective EVI: Other pro	date, if other than the date of sted, the date must be spected in this block does not metalate on the Department of ovisions, if any.	eet the applicable statutory filing requirements, this date willing factor's records.
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E V: Effective ctive date is list filing.) the date insertenent's effective E VI: Other proted Liability Co	date, if other than the date of sted, the date must be special in this block does not me date on the Department of ovisions, if any, company will be managed by Signature of a mer. This document is executed I am aware that any false constitutes a third degree.	eet the applicable statutory filing requirements, this date will not state's records.  by one or more managers.  mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of Statifelony as provided for in s.817.155, F.S.